

EXHIBIT 6

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

1518

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of Kanawha, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 05/02/2018 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Jeffery A Hoops Sr Auth Signer	X <u>[Signature]</u>	X _____
B. Drew R Kesler Auth Signer	X <u>[Signature]</u>	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A B</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member _____ Manager or Designated Member _____

CRF 5 MAY 21 2018

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (Initials) ☐ This resolution is superseded by resolution dated _____.

Comments:

CRF 5 MAY 21 2018

Account Agreement

Date: 05/02/2018

Institution Name & Address	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
Account Number	
1518	

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1	
Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

Owner/Signer Information 2	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelaton Management Corp
Previous Financial Inst.	Na

Internal Use	
Account Title & Address	
Blackjewel LLC 1051 Main St Milton WV 25541-1215	

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	X
<input type="checkbox"/> Trust-Separate Agreement Dated:	
<input type="checkbox"/>	
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Limited Liability Company	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input checked="" type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input checked="" type="checkbox"/> Fee Schedule |
| <input type="checkbox"/> Arbitration Agreement | <input type="checkbox"/> |

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X]	Jeffery A Hoops Sr	
2 [X]	Drew R Kesler	
3 [X]		4 [X]

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Owner/Signer Information 3		Non-Individual Owner Information		
Name		Name	Blackjewel LLC	
Relationship		EIN		
Address		Phone	304-590-5959	
Mailing Address (if different)		Mobile Phone		
Home Phone		E-Mail	Dkesler@revelenergy.com	
Work Phone		Type of Entity	Limited liability company	
Mobile Phone		State/Country & Date of Organization	West Virginia, United States of America	
E-Mail		Nature of Business	LLC	
Birth Date		Address	1051 Main St Milton, WV 25541-1215	
SSN/TIN		Mailing Address (if different)		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Authorization/Resolution Date	05/02/2018	
Other ID (Description, Details)		Previous Financial Inst.	Na	
Employer				
Previous Financial Inst.				
Owner/Signer Information 4		Account Description	Account #	Initial Deposit Source
Name		Analyzed Business Checking / 76	1518	\$ 50.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
Relationship				<input type="checkbox"/> Cash <input type="checkbox"/> Check
Address				<input type="checkbox"/> Cash <input type="checkbox"/> Check
Mailing Address (if different)				<input type="checkbox"/> Cash <input type="checkbox"/> Check
Home Phone				<input type="checkbox"/> Cash <input type="checkbox"/> Check
Work Phone				
Mobile Phone				
E-Mail				
Birth Date				
SSN/TIN				
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)				
Other ID (Description, Details)				
Employer				
Previous Financial Inst.				
Backup Withholding Certifications				
(If not a "U.S. Person," certify foreign status separately.)				
TIN				
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.				
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.				
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.				
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).				
X <u>Jeffery A. Hoops Sr</u> 5-3-18 (Date)				
Other Terms Information				
JMartin/Charleston				

Signature Card-Multistate
Bankers Systems™ MDF, EWVMP/VP
Wolters Kluwer Financial Services ©2003, 2006

MPMP-LAZ 6/2/2007

Initials: _____ Page 2 of 2

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1966

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1216

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 01/02/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr. Auth Signer</u>	<u>(X) [Signature]</u>	<u>X</u>
B. <u>Drew R. Kesler Auth Signer</u>	<u>(X) [Signature]</u>	<u>X</u>
C. _____	<u>X</u>	<u>X</u>
D. _____	<u>X</u>	<u>X</u>
E. _____	<u>X</u>	<u>X</u>
F. _____	<u>X</u>	<u>X</u>

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A B</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member _____ Manager or Designated Member

GRF 2 JAN 16 2018

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's accounts, are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, redemptions and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____.

Comments:

Account Agreement

Date: 01/02/2018

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

Account Number
1866

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1	
Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Date/Iss)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase
Owner/Signer Information 2	
Name	Drew R Kestler
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Date/Iss)	
Employer	Revelation Management Corp
Previous Financial Inst.	Na

Internal Use	
Account Title & Address	
Blackjewel LLC Payroll 1051 Main St Milton WV 25541-1215	
Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) { X <input type="checkbox"/> Joint with No Survivorship (as tenants in common) { X <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Limited Liability Company	
Beneficiary Designation	
(Check appropriate ownership above.) <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/> _____	
Beneficiary Name, Address, and SSN	
(Check appropriate beneficiary designation above.)	

☐ If checked, this is a temporary account agreement.
Number of signatures required for withdrawal: 1

Signatures	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth in Savings <input type="checkbox"/> Substitute Checks <input checked="" type="checkbox"/> Funds Availability <input type="checkbox"/> Common Features <input checked="" type="checkbox"/> Fee Schedule <input type="checkbox"/> Arbitration Agreement <input type="checkbox"/> _____ <input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	
1 [X]	Jeffery A Hoops Sr
2 [X]	Drew R Kestler
3 [X]	
4 [X]	

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Other Account Information:

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certification

(If not a "U.S. Person," certify foreign status separately.)

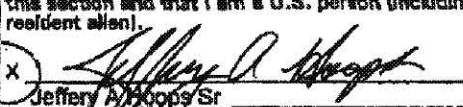
TIN: _____

☒ Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

☒ Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

☒  1/9/12 (Date)
Jeffrey A. Hoops Sr.

Bank Information (Check or Internet)

Name	Blackjewel LLC
BSN	
Phone	304-590-5858
Mobile Phone	
E-Mail	Dkesler@ravelenergy.com
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Nature of Business	LLC
Address	1051 Main St Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/Registration Date	01/02/2017
Previous Financial Inst.	Na

Account Description / Account #	Initial Deposit / Source
Analyzed Business Checking / 76	1966 \$ 50.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
	<input type="checkbox"/> Cash <input type="checkbox"/> Check
	<input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested:

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Form Information:

JMartin/Charleston

CRF 2 JAN 16 2010



PROCESSED BY

JAN 29 2020

ELECTRONIC BANKING

BUSINESS CHECK CARD APPLICATION

COMPANY INFORMATION

LEGAL NAME OF COMPANY: Blackjewel		BUSINESS TELEPHONE NUMBER: 3045905959	
STREET ADDRESS: 1051 Main St	CITY: Milton	STATE: WV	ZIP: 25541
FEDERAL TAX ID NUMBER: [REDACTED]		SOCIAL SECURITY NUMBER: (PRINCIPAL/OWNER) [REDACTED]	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY CHECKING ACCOUNT NUMBER (ACCOUNT TO BE DEBITED FOR PURCHASE) [REDACTED] 2824		BUSINESS ESTABLISHED DATE (MM/DD/YY)	
TYPE OF BUSINESS (CHECK ONE)			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> LLC	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> LLP	
YEARS IN BUSINESS:	ANNUAL SALES:	NUMBER OF EMPLOYEES:	

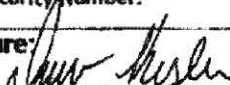
OVER →



RECEIVED BY

JAN 29 2021

9017
Individual Cardholder Information (Please Print)

Card 1 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit)	Card 2 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit)
Cardholder Name: Drew Kesler	Cardholder Name:
Social Security Number:	Social Security Number:
Signature: 	Signature:

ELECTRONIC BANKING

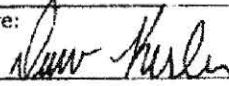
Individual Cardholder Information (Please Print)

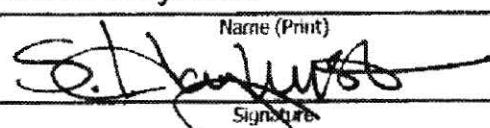
Card 3 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit)	Card 4 (\$2,500 Daily Purchase Limit/\$500 Daily ATM Limit)
Cardholder Name:	Cardholder Name:
Social Security Number:	Social Security Number:
Signature:	Signature:

Agreement (Please read and sign)

By the Signature of its authorized administrator below, the Company requests that United Bank Business Check Cards be issued to the Cardholders set forth on this United Bank Business Check Card Application. The Company certifies that the information on the application, and any other documents submitted in connection with the application, is true and correct. The Company authorizes United Bank to verify and to obtain information concerning the credit and deposit account standing of the Company, its employees, agents, and other representatives, and to exchange credit information with others, both now and in the future. The Company agrees to provide additional information upon request. The Company understands that if this application is accepted, check card(s) will be issued by United Bank and that Cardholders will have access to the Company's business deposit accounts. The company agrees to be bound by all of the Terms and Conditions of the United Bank Business Check Card Agreement including, but not limited to, the Agreement's provisions regarding the Company's liability for fees, all purchases, and withdrawals made with the card(s). The Company certifies that such account(s) opened pursuant to this application shall be used solely for business or commercial purposes. The Company agrees that unless otherwise directed by the Company in writing, all monthly statements and other notices regarding the account(s) shall be mailed to the Company at the primary account address. Any person signing below as the duly authorized signatory of the Company attests that the Company is a valid business entity and that each person signing below is authorized to enter into this Agreement on behalf of the Company. The Company understands the United Bank Business Check Card(s) contain the capability of initiating certain electronic transfers at point of sales and in automated teller machines.

Administrator: (Principal Owner)

Print Name: Drew Kesler	Title: Auth Signer
Signature: 	Date: 01/08/2020

For Bank Use Only:		
Approved / Declined By: Sarah Hayhurst Name (Print)	Branch Name: Charleston Main	Date Approved: 01/08/2020
 Signature	Branch Number: 2090	Date Declined:

BUCKCDV4 01/15

Limits on Zero Liability: You are fully responsible for any ATM Withdrawal or transaction using your Personal Identification Number (PIN) that is not processed through the VISA Network.

Lost or Stolen Card. If you believe that a Card, Card number and/or its associated PIN has been lost or stolen, call us immediately at 1-800-7-CHECK-9, or write us at:

United Bank Check Card Department
PO Box 393
Charleston, WV 25322

Telephoning is the best way of minimizing your losses.

Limitation of Liability. We shall not be liable for our inability to perform our obligations under this Agreement as a result of causes beyond our control, including without limitation, any act of God, accident, equipment failure, system failure, labor dispute, or the failure of any third party to provide any electronic or telecommunications service used with the acceptance and processing of Card transactions. Under all other circumstances, we will not be liable to you for our acts or omissions under this Agreement except to the extent we have acted with gross negligence or willful misconduct. To the extent that we are found liable, you may only recover an amount limited to your actual damages, not to exceed the total fees and charges paid by you in connection with the services under this Agreement during the six month period immediately preceding the event giving rise to our liability. In no event will you be able to recover from us consequential damages, exemplary damages or lost profits, even if you advise us of the possibility of such damage.

Termination. You may terminate this Agreement at any time by providing us with written notice and returning the Cards. We have the right to terminate this Agreement or cancel any of the Cards at any time without notice. In the event this Agreement is terminated for any reason, you must still pay any present or future transactions resulting from use of any Card, Card number or PIN. At all times, the Cards will remain our property and must immediately be surrendered to us at such time as this Agreement is terminated or any Card is cancelled.

Change of Terms. We may amend, add to or delete any term of this Agreement at any time, including, but not limited to, the amount of any fees or charges. If we make such a change, you agree that we may provide you with notice of the change by any reasonable method, such as by including a message on or with your bank statement. The change will be effective upon the date of the notice unless otherwise provided. If under applicable law any such change requires your approval, your continued use of the Card on or after the date you receive the notice means that you accept and agree to the change.

Assignment. This Agreement may not be transferred or assigned by you without our written permission.

Governing Law. The terms and conditions of this Agreement are governed by and construed in accordance with the laws of the State of West Virginia, without regard to conflict of law provisions.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed this 26th day of January, 2020.

Customer:

Dr. W. Kester

Customer Name

By: [Signature]

Auth. Signer

Title

Bank:

UNITED BANK

By: [Signature]

Title

Branch Manager

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/03/2019 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Drew R Kesler Auth Signer</u>	X <u>[Signature]</u>	X _____
B. <u>David Beckman Auth Signer</u>	X <u>[Signature]</u>	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A B</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member _____ Manager or Designated Member

ACCOUNT AGREEMENT

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

Account Number: 2824

Account Owner(s) Name & Address

Blackjewel LLC
New Operating Account
1051 Main St
Milton WV 25541-1215

Agreement Date: 07/03/2019 By: _____

☒ EXISTING Account - This agreement replaces previous agreement(s).

Account Description: Analyzed Business Checking

☐ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit \$ 0.00

Source: _____

Ownership of Account - CONSUMER Purpose

- ☐ Individual ☐ _____
☐ Joint - With Survivorship (and not as tenants in common) { X _____
☐ Joint - No Survivorship (as tenants in common) { X _____
☐ Trust - Separate Agreement: { X _____

☐ Revocable Trust or ☐ Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries): _____

Additional Information: Replacement

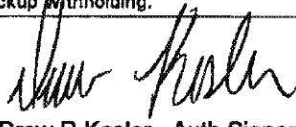
Number of Signatures Required for withdrawal : 1

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agrees to the terms of the following agreement(s) and/or disclosure(s):

- ☒ Terms & Conditions ☐ Truth in Savings ☒ Funds Availability
☐ Electronic Fund Transfers ☐ Privacy ☐ Substitute Checks
☐ Common Features ☒ Fee Schedule and Arbitration

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1):

[X] 

Drew R Kesler - Auth Signer

I.D. # _____

D.O.B. _____

(2):

[X] 

David Beckman - Auth Signer

I.D. # _____

D.O.B. _____

(3):

[X] _____

I.D. # _____

D.O.B. _____

(4):

[X] _____

I.D. # _____

D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

[X] _____

I.D. # _____

D.O.B. _____

Ownership of Account - BUSINESS Purpose

- ☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC (LLC tax classification: ☐ C Corp ☐ S Corp ☐ Partnership)
☐ C Corporation ☐ S Corporation ☐ Non-Profit

☒ Business: LLC

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-9)

☒ By signing at right, I, _____, certify under penalties of perjury that the statements made in this section are true.

☒ TIN: _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/10/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr. Auth Signer</u>	<u>[Signature]</u>	X
B. <u>Drew R Kesler Auth Signer</u>	<u>[Signature]</u>	X
C. _____	X	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A B</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____, If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member _____ Manager or Designated Member

AUG 9 3 2017

Account Agreement

Date: 07/10/2017

Institution Name & Address

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

Account Number

3190

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer information space on page 2.

Owner/Signer Information 1

Name: Jeffery A Hoops Sr
Relationship: Auth Signer
Address: [Redacted]
Mailing Address (if different): [Redacted]
Home Phone: [Redacted]
Work Phone: [Redacted]
Mobile Phone: [Redacted]
E-Mail: [Redacted]
Birth Date: [Redacted]
SSN/TIN: [Redacted]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date): [Redacted]
Other ID (Description, Details): [Redacted]
Employer: Revelation Energy Resources
Previous Financial Inst.: Chase

Owner/Signer Information 2

Name: Drew R Kesler
Relationship: Auth Signer
Address: [Redacted]
Mailing Address (if different): [Redacted]
Home Phone: [Redacted]
Work Phone: [Redacted]
Mobile Phone: [Redacted]
E-Mail: [Redacted]
Birth Date: [Redacted]
SSN/TIN: [Redacted]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date): [Redacted]
Other ID (Description, Details): [Redacted]
Employer: Revelation Management Corp
Previous Financial Inst.: NA

Internal Use

Account Title & Address

Blackjewel LLC
Mr Lockbox
1051 Main St
Milton WV 25541-1215

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
☐ Joint with Survivorship (not as tenants in common) { X
☐ Joint with No Survivorship (as tenants in common) { X
☐ Trust-Separate Agreement Dated: _____
☐ Corporation - For Profit ☐ Partnership
☐ Corporation - Nonprofit ☐ Sole Proprietorship
☒ Limited Liability Company

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signatures

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☐ Privacy
☐ Electronic Fund Transfers ☐ Truth in Savings
☐ Substitute Checks ☒ Funds Availability
☐ Common Features ☒ Fee Schedule
☐ Arbitration Agreement ☐ _____
☐ Authorized Signer (See Owner/Signer information for Authorized Signer designation(s))

1 [X] [Signature: Jeffery A Hoops Sr]
2 [X] [Signature: Drew R Kesler]
3 [X] [Signature: Drew R Kesler] 4 [X]

Signature Card-Multinote
Business Systems™ Custom MDE, EW/MP/MP
Wolters Kluwer Financial Services 828133, 2006

MP/MP-LAZ 5/12/2007

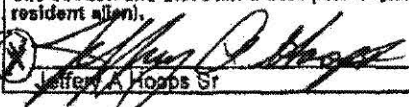
Un/Order: _____

CRF 2

AUG 03 2017

Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
 7/27/17 (Date)	
Jeffrey A. Hoops Sr.	

Non-Individual Owner Information	
Name	Blackjewel LLC
EIN	
Phone	304-590-5859
Mobile Phone	
E-Mail	Dkesler@revelenergy.com
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Nature of Business	LLC
Address	1051 Main St Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/Resurrection Date	07/10/2017
Previous Financial Inst.	Na

Account Description	Account #	Initial Deposit/Source
Business Analyzed Chkg / 76	3190	\$ 50.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested:)
<input type="checkbox"/> 	<input type="checkbox"/>

Other Trans/Recommendation	
J.Martin/Charleston	

Signature Over-Authenticates
Bankers Systems TM, MDF, BWWAMPUP
Wells Fargo Financial Services ©2003, 2008

MPMP-LAZ 5/21/2007

Initials: _____ Page 2 of 2

CRF 2

AUG 03 2017

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number _____, engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/10/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr Auth Signer</u>	<u>(X) [Signature]</u>	X
B. <u>Drew R Kesler Auth Signer</u>	<u>(X) [Signature]</u>	X
C. _____	X	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A B</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other: _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member _____ Manager or Designated Member

CRF 2
AUG 03 2017

Account Agreement

Date: 07/10/2017

Institution Name & Address
United Bank - Charleston 500 Virginia St E Charleston, WV 25301
Account Number
3238

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer information space on page 2.

Owner/Signer Information 1	
Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

Owner/Signer Information 2	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Management Corp
Previous Financial Inst.	Na

Internal Use
Account Name & Address
Blackjewel LLC Escrow 1051 Main St Milton WV 25541-1215

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	{ X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	{ X
<input type="checkbox"/> Trust-Separate Agreement Dated:	
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Limited Liability Company	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and Email	
(Check appropriate beneficiary designation above.)	

☐ If checked, this is a temporary account agreement.
Number of signatures required for withdrawal: 1

Signatures
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

<input checked="" type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Fee Schedule
<input type="checkbox"/> Arbitration Agreement	<input checked="" type="checkbox"/> UOP Limit None
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	

1 [X] *Jeffery A Hoops Sr*]
2 [X] *Drew R Kesler*]
3 [X]] 4 [X]]

CRF 2
07/13/2017

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certification

(If not a "U.S. Person," certify foreign status separately.)
TIN: [REDACTED]

☒ Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

☒ Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

(X)  7/27/17 (Date)
Jennifer A. Hodge Sr.

Non-Individual Owner Information

Name	Blackjewel LLC
EIN	
Phone	304-590-5959
Mobile Phone	
E-Mail	Dkasler@revelenergy.com
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Name of Business	LLC
Address	1051 Main St Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/Rescission Date	07/10/2017
Previous Financial Inst.	Na

Account Description	Account #	Initial Deposit Source
Business Money	3238	\$ 1,000.00
Market Investment / 85		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/> _____
		<input type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/> _____
		<input type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/> _____

Services Requested

<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms Information

JMartin/Charleston

CRF 2

AUG 03 2017

6056

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, Jeffrey A Hoops Sr, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 07/17/2018 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr Auth Signer</u>	<u>[Signature]</u>	X
B. <u>Drew R Kesler Auth Signer</u>	<u>[Signature]</u>	X
C. <u>Tammy K Okray Auth Signer</u>	<u>[Signature]</u>	X
D. <u>Shane D Durgin Auth Signer</u>	<u>[Signature]</u>	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>ABCD</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member _____ Manager or Designated Member

CRF 3 JUL 26 2018

Account Agreement

Date: 07/17/2018

Institution Name & Address	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
Account Number	
6056	

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1	
Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Date Issued)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

Owner/Signer Information 2	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Date Issued)	
Employer	Revelation Management Corp
Previous Financial Inst.	Na

Internal Use
Account Title & Address
Blackjewel LLC West Petty Cash 1051 Main St Milton WV 25541-1215

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Trust-Separate Agreement Dated:	
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Limited Liability Company	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)

Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	

☐ If checked, this is a temporary account agreement.
Number of signatures required for withdrawal: 1

Signature(s)	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Fee Schedule
<input type="checkbox"/> Arbitration Agreement	
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	

1 [X] Jeffery A Hoops Sr
2 [X] Drew R Kesler
3 [X] Tammy K Okray
4 [X] Shane D Durgin

Signature Card-Multistate
Bankers SystemsTM Custom MDP, BWVMPMP
Waters K&P Financial Services ©2003, 2005

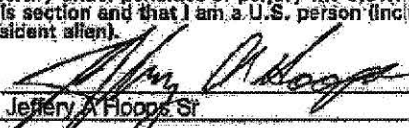
MPMP-LAZ 6/2/2007

Initials: Page 1 of 2

CRF 3 JUL 26 2018

Owner/Signer Information 3	
Name:	Tammy K Okray
Relationship:	Auth Signer
Address:	[Redacted]
Mailing Address (if different):	[Redacted]
Home Phone:	[Redacted]
Work Phone:	[Redacted]
Mobile Phone:	[Redacted]
E-Mail:	[Redacted]
Birth Date:	[Redacted]
SSN/TIN:	[Redacted]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date):	[Redacted]
Other ID (Description, Details):	[Redacted]
Employer:	Blackjewel LLC
Previous Financial Inst.:	NA

Owner/Signer Information 4	
Name:	[Redacted]
Relationship:	[Redacted]
Address:	[Redacted]
Mailing Address (if different):	[Redacted]
Home Phone:	[Redacted]
Work Phone:	[Redacted]
Mobile Phone:	[Redacted]
E-Mail:	[Redacted]
Birth Date:	[Redacted]
SSN/TIN:	[Redacted]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date):	[Redacted]
Other ID (Description, Details):	[Redacted]
Employer:	Blackjewel West
Previous Financial Inst.:	NA

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.) TIN: 82-0824605	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
 Jeffery A Hoops Sr. (Date)	

Non-Individual Owner Information	
Name:	Blackjewel LLC
EIN:	[Redacted]
Phone:	304-590-5959
Mobile Phone:	[Redacted]
E-Mail:	Dkesler@revelenergy.com
Type of Entity:	Limited liability company
State/Country & Date of Organization:	West Virginia, United States of America
Nature of Business:	LLC
Address:	1051 Main St Milton, WV 25541-1215
Mailing Address (if different):	[Redacted]
Authorization/Resolution Date:	07/17/2018
Previous Financial Inst.:	NA

Account Description	Account #	Initial Deposit/Source
Analyzed Business Checking / 76	5056	\$ 1,000.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms/Information	
JMartin/Charleston	

Signature Card Multistate
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Writers & Financial Services ©2003, 2004

WMP-LAZ-6/2/2007

Initials _____ Page 2 of 2

CRF 3 JUL 26 2018

UNITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Blackjewel LLC
1051 Main St
Milton, WV 25541-1215


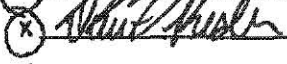
8511

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, _____, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of _____, Federal Employer I.D. Number _____, engaged in business under the trade name of Blackjewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on _____ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Fedex/Signature (if used)
A. Jeffery A Hoops Sr. Auth. Signer		X
B. Drew R Keeler Auth. Signer		X
C. _____	X	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
AB	(1) Exercise all of the powers listed in this resolution.	1
	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____ (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate binding the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (Initials) ☐ This resolution is superseded by resolution dated _____

Comments:

Account Agreement

Date: 01/12/2018

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

8511

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	[Redacted]
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

Name	Drew R Kesler
Relationship	Auth Signer
Address	[Redacted]
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Management Corp
Previous Financial Inst.	Na

Internal Use

Blackjewel LLC
West Operating Account
1051 Main St
Milton WV 25541-1215

The specified ownership will remain the same for all accounts.

☐ Individual
☐ Joint with Survivorship (not as tenants in common) ☒ X
☐ Joint with No Survivorship (as tenants in common) ☒ X
☐ Trust-Separate Agreement Dated: _____
☐ _____

☐ Corporation - For Profit ☐ Partnership
☐ Corporation - Nonprofit ☐ Sole Proprietorship
☒ Limited Liability Company

(Check appropriate ownership above.)
☐ Revocable Trust ☐ Pay-On-Death (POD)
☐ _____

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input checked="" type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input checked="" type="checkbox"/> Fee Schedule |
| <input type="checkbox"/> Arbitration Agreement | <input checked="" type="checkbox"/> UOP Limit None |

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X] Jeffery A Hoops Sr [Signature]
2 [X] Drew R Kesler [Signature]
3 [X] 4 [X]

Signature Card-Multitenant
Signature Systems TA Custom MDF, ENVMPMP
Walters-Kluwer Financial Services ©2003, 2005

MPMP-LAZ 5/2/2007

Initials: _____ Page 1 of 2

CRF 2 FEB 14 2018

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

(If not a "U.S. Person," certify foreign status separately.)
TIN: XXXXXXXXXX

☒ Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

☒ Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

☒ Jeffery A. Hoops Sr 01-12-18 (Date)

Name	Blackjewel LLC	
TIN	XXXXXXXXXX	
Phone	304-590-6959	
Mobile Phone		
E-Mail	Dkesler@revalenergy.com	
Type of Entity	Limited liability company	
State/Country & Date of Organization	United States of America	
Nature of Business	LLC	
Address	1051 Main St Milton, WV 25541-1215	
Mailing Address (if different)		
Authorization/Resolution Date		
Previous Financial Inst.	Na	

Free Business Checking / 75	Account #	Initial Deposit Source
	3511	\$ 100.00 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

☐ ATM ☐ Debit/Check Cards (No. Requested: XXXXXXXXXX)

☐ XXXXXXXXXX ☐ XXXXXXXXXX

☐ XXXXXXXXXX ☐ XXXXXXXXXX

City/State/Zip: Cbostic/Charleston Main

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston
500 Virginia St E
Charleston, WV 25301

By: Black Jewel LLC
1051 Main St
Milton, WV 25541

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, Jeffery A Hoops, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of Black Jewel LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 03/24/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr Auth Signer</u>	<u>[Signature]</u>	X
B. <u>Drew R Kesler Auth Signer</u>	<u>[Signature]</u>	X
C. _____	X	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A B</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on _____

Attest by One Other Manager or Designated Member _____ Manager or Designated Member _____

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(Page 1 of 2)

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, redemptions and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____.

Comments:

APR 03 2017

7953

Account Agreement

Date: 03/24/2017

Institution Name & Address	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
Account Number	
7953	

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1	
Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATION ENERGY RESOURCES
Previous Financial Inst.	
Owner/Signer Information 2	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelaton Management Corp
Previous Financial Inst.	

Internal Use	
Account Name & Address	
Black Jewel LLC <i>Blackjewel L.L.C.</i> 1051 Main St Milton WV 25541	
Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) { X <input type="checkbox"/> Joint with No Survivorship (as tenants in common) { X <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Limited Liability Company	
Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/> _____	
Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signatures	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth in Savings <input type="checkbox"/> Substitute Checks <input checked="" type="checkbox"/> Funds Availability <input type="checkbox"/> Common Features <input checked="" type="checkbox"/> Fee Schedule <input type="checkbox"/> Arbitration Agreement <input type="checkbox"/> _____ <input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s))	
1 [X]	<i>Jeffery A Hoops Sr</i>
2 [X]	<i>Drew R Kesler</i>
3 [X]	
4 [X]	

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7953

Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: _____	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X	324.17 (Date)
Jeffrey A. Hoops Sr	

Non-Individual Corporation Information		
Name	Black Jewel LLC Black Jewel LLC	
EIN		
Phone	304-590-5959	
Mobile Phone		
E-Mail	Dkesler@revelenergy.com	
Type of Entity	Limited liability company	
State/Country & Date of Organization	West Virginia, United States of America	
Nature of Business	LLC	
Address	1051 Main St Milton, WV 25541	
Mailing Address (if different)		
Authorization/Resolution Date	03/24/2017	
Previous Financial Inst.		

Account Description	Account #	Initial Deposit/Source
Free Business Chkng /	7953	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms Information	
JMartin/Charleston	

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Account Agreement

Date: 03/19/2018

Institution Name & Address	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
Account Number	
3204	

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.
Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1	
Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

Owner/Signer Information 2	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelaton Management Corp
Previous Financial Inst.	Na

Internal Use
Account Title & Address
Blackjewel LLC Collateral Account 1051 Main St Milton WV 25541-1215

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	{ X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	{ X
<input type="checkbox"/> Trust-Separate Agreement Dated:	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Company	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signatures	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Fee Schedule
<input type="checkbox"/> Arbitration Agreement	<input checked="" type="checkbox"/> UOP Limit None
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	

1 [X]
Jeffery A Hoops Sr
2 [X]
Drew R Kesler
3 [X] 4 [X]

GRF 2 MAR 21 2018

Owner/Signer Information 3		Non-Individual Owner Information													
Name		Name	Blackjewel LLC												
Relationship		EIN													
Address		Phone	304-590-5959												
Mailing Address (if different)		Mobile Phone													
Home Phone		E-Mail	Dkesler@revelenergy.com												
Work Phone		Type of Entity													
Mobile Phone		State/Country & Date of Organization	West Virginia, United States of America												
E-Mail		Nature of Business	LLC												
Birth Date		Address	1051 Main St Milton, WV 25541-1215												
SSN/TIN		Mailing Address (if different)													
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Authorization Resolution Date													
Other ID (Description, Details)		Previous Financial Inst.	Na												
Employer		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 40%;">Account Description</th> <th style="width: 20%;">Account #</th> <th style="width: 40%;">Initial Deposit Source</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Super Money Market -Business / 96</td> <td style="padding: 2px;">3204</td> <td style="padding: 2px;">\$ 15,000.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check</td> </tr> <tr> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check</td> </tr> <tr> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check</td> </tr> </tbody> </table>		Account Description	Account #	Initial Deposit Source	Super Money Market -Business / 96	3204	\$ 15,000.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check			\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check			\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
Account Description	Account #	Initial Deposit Source													
Super Money Market -Business / 96	3204	\$ 15,000.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check													
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check													
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check													
Previous Financial Inst.		Services Requested <input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____													
Owner/Signer Information 4		Other Terms Information													
Name		JMartin/Charleston													
Relationship															
Address															
Mailing Address (if different)															
Home Phone															
Work Phone															
Mobile Phone															
E-Mail															
Birth Date															
SSN/TIN															
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)															
Other ID (Description, Details)															
Employer															
Previous Financial Inst.															
Backup Withholding Certifications															
(If not a "U.S. Person," certify foreign status separately.)															
TIN: _____															
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.															
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.															
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.															
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).															
X		03-19-18 (Date)													
Jeffrey A. Hoops Sr															

Signature Card-Multistate
Bankers Systems™ MDF, EWVMPMP
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MPMP-LAZ 5/2/2007

Initials: _____ Page 2 of 2

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